



APR-13-2005 11:01

## PART B - FEE(S) TRANSMITTAL

P.02

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30527 7590 02/17/2005

NOVEN PHARMACEUTICALS, INC.  
11980 S.W. 144TH STREET  
MIAMI, FL 33186

04/13/2005 HDEKES2 00000032 500511 10051220

01 FC:1501 1400.00 DA  
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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

Jay G. Kolman (Depositor's name)  
*Jay G. Kolman* (Signature)  
April 13, 2005 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/051,220	01/18/2002	David P. Karnos	NOPH/120/JGK	7179

TITLE OF INVENTION:

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	05/17/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Jay G. Kolman

2

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

NOVEN PHARMACEUTICALS, INC.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

MIAMI, FLORIDA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee  
☒ Publication Fee (No small entity discount permitted)  
☐ Advance Order - # of Copies

4b. Payment of Fee(s):

☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 500511 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☒ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

*Jay G. Kolman*

Date

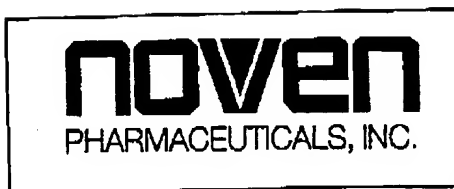
April 13, 2005

Typed or printed name Jay G. Kolman

Registration No. 43.727

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PLEASE DELIVER THE FOLLOWING 2 PAGES (INCLUDING THIS PAGE)

**TO:** Mail Stop ISSUE FEE  
Commissioner for Patents

**FROM:** Jay G. Kolman, Esq.

**DATE:** April 13, 2005

**RE:** Part B – FEE TRANSMITTAL of Issue Fee  
USSN 10/051,220, filed 01/18/2002  
Inventor: David P. Kanios  
Title: Packaging System for Transdermal Drug Delivery Systems

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